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Date	Total pages	Attorney number	Client/matter number
August 4, 2005	14		

To	Company	Fax number	Telephone
Examiner Stephen M. Johnson Group Art Unit: 3641	U.S. Patent and Trademark Office	571-273-8300	

From	Fax number	Telephone
Louis S. Sorell	212.355.3333	212.459.7421

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PTO/SB/21 (09-04)

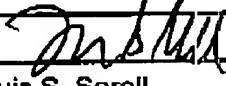
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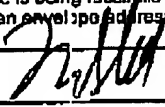
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/741,307
	Filing Date	December 19, 2003
	First Named Inventor	J. Ahmad
	Art Unit	3641
	Examiner Name	Stephen M. Johnson
	Attorney Docket Number	104990-143786
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Goodwin Procter LLP		
Signature			
Printed name	Louis S. Sorell		
Date	August 4, 2005	Reg. No.	32,439

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Louis S. Sorell	Date	August 4, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10741,307
Filing Date	12-19-03
First Named Inventor	J. Ahmad
Examiner Name	Stephen M. Johnson
Art Unit	3841
Attorney Docket No.	104990-143786

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 06-0923 Deposit Account Name: Goodwin Procter LLP

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=		- 3 or HP =	x	=

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY		Registration No. 32,439	Telephone 212-459-7421
Signature		(Attorney/Agent)	
Name (Print/Type)	Louis S. Sorell	Date	8-4-05

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
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AUG 04 2005

Appl. No. : 10/741,307
Applicant : J. Ahmad
Filed : December 19, 2003
Title : Protective Structure and Protective System

TC/A.U. : 3641
Examiner : Stephen M. Johnson

Docket No. : 104990.143786

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being faxed to Fax No. 571-273-8300 on the date set forth below.

Name: Louis S. Sorell, Reg. No. 32,439 Date: 

AMENDMENT

To the Commissioner:

In response to the Official Action dated July 20, 2005, Applicant respectfully submits the following amendments and remarks for consideration by the Examiner in the above-identified patent application.

Amendments to the Claims are reflected in the **Listing of Claims** which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.